College of Technology Overload Request Form				
Student Name:	ID Number:	Earned Hours:		
Email Address:	Telephone Numbe	Telephone Number:		
Email Address.		1.		
Expected Graduation Date (ser	nester and year):			
Cumulative GPA:	GPA from Prior 3 Semesters	Prior 3 Semesters (must be $\geq$ 3.0):		
	1)			
	2)			
	3)			
Semester Requesting Overload:				
List courses for semester requesting overload		Credit Hours		
Total number of hours for overload semester				

## Rationale as to why the overload is requested:

Student Signature	_Date
Advisor Signature	Date
Department Chair Signature	Date

Once the form is complete, please return to the COT Student Services Office for approval.

FOR INTERNAL USE ONLY			
	Approve: Deny:		
Associate Dean Signature:	Date:		